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ABSTRACT

This Technical Committee Report focuses on theological, ethical, and spiritual values within the context of spiritual well-being from the perspective of institutionalized religion in America. The place of organized religion in regard to aging and its role in developing national aging policies is examined. A presentation of the data base for this report includes a review of previous White House Conference goals, programs for the aging under religious auspices, national, regional, and area level programs, and local congregations. The present situation is reviewed and future trends are projected. Major findings of the committee are discussed which emphasize the importance of spiritual well-being for the elderly and the need for spiritual principles in developing national policies. Key issues identified by the committee are discussed in the categories of: (1) holistic aging policy and spiritual well-being; (2) religious institutions as architects of societal attitudes; (3) religious institutions as providers of services; and (4) the role of religious institutions in meeting spiritual needs of the elderly. Six recommendations for national policy on aging are enumerated. An appendix containing additional relevant materials and an executive summary of this report are also included. (NRB)

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WHITE HOUSE CONFERENCE ON AGING, 1981

Creating an Age Integrated Society: Implications for Spiritual Well-Being Report and Executive Summary of the Technical Committee

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the 1981
White House
Conference
on
Aging

Report of
Technical Committee
on

CREATING AN AGE INTEGRATED SOCIETY: IMPLICATIONS FOR SPIRITUAL WELL-BEING

TCR-13

NOTE: The recommendations of this document are not recommendations of the 1981 White House Conference on Aging, or the Department of Health and Human Services. This document was prepared for the consideration of the Conference delegates. The delegates will develop their recommendations through the processes of their national meeting in late 1981.

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I. INTRODUCTION

Spiritual Well-being addresses the collective concerns of society which are both religious and secular in nature. The background and issues paper on Spiritual Well-being for the 1971 White House Conference on Aging stated that, "Spiritual Well-being pertains to inner resources, especially a person's ultimate concern, the basic value around which all other values are focused, the central philosophy of life—whether religious, anti-religious, or non-religious—which guides a person's conduct, the supernatural and non-material dimensions of human nature."[1]

Since the days of the founding of our republic, religious leaders and institutions have played a central role in meeting the social welfare and other human needs of the American people, especially those of the elderly. Today religious leaders and agencies are in the forefront of movements that advocate support of income maintenance, health care, housing, social security, and appropriate social services for older adults, as well as other Americans.

Americans benefit from the network of agencies sponsored and operated by religious groups serving older persons in every city. Members in institutional religious bodies number in excess of 146,000,000 and constitute the largest group of community centers of caring and fellowship for older adults. Furthermore, churches and synagogues provide significant potential resources for voluntary involvement in healing, supportive, and educational services to older Americans. As communicators of moral and spiritual values, churches and synagogues uphold the intrinsic worth and dignity of all human beings. Such values, put in action in the lives of the elderly, enhance the meaning of life, give strength to deal with stress and conflict, and offer unique resources to deal with the reality of dying and death.

The religious sector translates theological, ethical, and spiritual values into secular language and practice. This report deals with such values within the context of spiritual well-being from the perspective of institutional religion in America. Although the religious community is predominantly from mainstream Roman Catholic, Protestant, and Jewish bodies, the technical committee acknowledges that many other religious bodies are a part of the picture in our pluralistic society.

A. Overview of Committee Work

With the submission of this paper, the primary written work of the Technical Committee on Creating an Age Integrated Society—Implications for Spiritual Well-being is concluded. This document is intended to be stimulating, if not definitive. The role of the Committee is twofold: (1) to call attention to issues, needs, and omissions related to future policy in aging and (2) to identify opportunities and prospects for the enhancement of the quality of life and personal options of older persons in American society.

The committee recognizes the ambiguity of its assigned subject. It is, however, an ambiguity that affords an extended view beyond traditionally associated religious values into generic values of the human frame, wherever they obtain. Spiritual well-being, by whatever definition, is a vital factor in the life of the older person and to the well-being of American society. It broaches and transcends religious, secular, public, and private domains. Its absence in national policy and programs may be perceived as a deficiency of more tangible commodities and is symptomatic of our lack of understanding of its nature and importance. The religious sector has a natural affinity for the spiritual and often is viewed as the sole broker or dispenser of spiritual truth and succor. We see a broader view emerging in the pluralistic society of the 1980's.

The more specific task which the committees assumed was that of examining the current place of organized religions in regard to aging and its role as partner in national aging policies and practices in the immediate and long range future.

B. Committee Procedure

The initial charge of this committee assumed that a principle agenda would be with the role, resources, and posture toward aging of the institutional church, synagogue, and other religious organizations in America. This was its originial designation as a subheading under the general topic, creating an age-integrated society. Official meetings of the committee organized subject matter around the areas and issues suggested by the national advisory committee and prepared by WHCOA staff for each technical committee. This approach focused predominantly on the religious sector in terms of its role, its resources and values in American society.

Subsequently, the committee was re-designated as the technical committee on "Creating An Age-integrated Society—Implications for Spiritual Well-being." It was the decision of the committee to develop parallel issue areas dealing with institutional religion and spiritual involvement in aging and in developing national policy. Overall, spiritual well-being is seen not as a religious term per se, but as a concept important in addressing the wholeness of persons aging in America.

The committee has met in connection with the National Interfaith Coalition on Aging's (NICA) convened mini-conference on Spiritual and Ethical Value System Concerns in the 1981 WHCOA. The output of this Symposium is an important adjunct document to be considered carefully along with this technical committee report.

The Committee has been involved as much as possible in the development and writing of this report with the assistance of the consultant and WHCOA staff person. In January, 1981, the committee reviewed and approved its Executive Report, which is included in the text of this paper. The report, including subsequent revisions individually suggested by members of the committee, comes to the Conference, therefore, as a product of the committee.

II. CONCEPTUAL FRAMEWORK

Spiritual well-being offers researchers, practitioners, religionists, secularists, and legislators a framework within which to deal with aspects of human need sensitive or difficult to discuss or define in other terms. Well-being, whether physical, mental, or spiritual, is a basic human need. Individual rights, in discussions of national policies, programs and resources, may be understood and articulated in terms of well-being.

The "life, liberty, and pursuit of happiness" wording of the U.S. Constitution implies well-being in the sense of all these aspects. To deny or inhibit any aspect of well-being—physical, spiritual, or mental—would be contrary to that long standing formula.

Spiritual well-being, as examined in the 1971 White House Conference on Aging Background Paper, is a "bridging" term used in a sociological as well as religious sense.[2] Further, it is essential that there be some common denominator or catch word to allude to qualities of being human which, if overlooked or undermined, seriously damages personhood and self-worth. "Spiritual well-being" thus provides us with a vital means of expressing that without which the individual is not whole or complete.

Religious interest in spiritual well-being is manifestly strong.[3] The 1975 working definition of spiritual well-being,[4] approved by many denominational representatives, forms a common framework around which various religious and some secular traditional views on human spirituality and well-being can be built. The 1977 Intra-decade Conference on Spiritual Well-being[5] and the American Sociological Association's Roundtable on Spiritual Well-being[6] drew strong participation moving toward the enrichment of an understanding of spiritual well-being. A sampling of the one hundred or so articles and papers produced in these and other similar events confirms, however, that we have only begun. Much research and further study is indicated and warranted by these first gleanings.

Proper attention to spiritual well-being needs should relieve the nagging fear of many older Americans that personal worth is diminished as individual productivity is curtailed or as one's resources fall behind the rate of inflation. The fear of such a personal "market crash" can set off a variety of destructive emotional and behavioral outcomes. Conviction that the worth of self is entrenched in God is fundamental to the spiritual well-being of most persons. Institutional religious groups have an inherent mandate to nourish and proclaim such

worth.[7] The religious community is in the best position to contradict the myth that the value of persons is measured primarily by their productivity.

As we consider the older persons we serve and our future older selves it is urgent that beyond things—units of service, means, transportation, housing, and health services—help comes with self-involvement, compassion, dignity, and grace. In wholeness we make an affirmation of life as important to the giver as to the receiver. To that end, churches and synagogues in every city and town may provide opportunity for older persons to find personal fulfillment, dignity, and appropriate services given in a supportive setting.[8] The further development and administration of cooperative aging programs involving the nation's religious sector and national secular, private, and public organizations and agencies will enhance the spiritual well-being of all generations.

A. Spiritual and Ethical Values

In view of the importance of spiritual and ethical values in decision making, the committee has examined the role religious institutions play in making policy decisions. The First Amendment guarantees not freedom *from* religion but freedom *of* religion.[9] It recognizes that no sectarian point of view or base of power could dominate the government without a loss of other freedoms for those whose religious faith and practice differ. On the other hand, partnership in human services is beneficial when rendered in a non-sectarian approach. National policy in aging must negotiate and not avoid these constitutional points. Improperly interpreted, the very freedoms guaranteed are suppressed and programs set in place by such policy will be eccentric at best.

A national code of basic values is needed for the well-being of the total community. The idea expressed by Carstensen on the dual views of justice and attendant tensions is likewise germane: "'Natural justice' deals with what one has coming to him, simply because he is human. 'Power justice' is more pragmatic, rendering to an individual or group what it can get away with. For power justice, weakness deserves only what weakness can buy; but power is an ethical issue in our collective planning, priority setting, and needs servicing. It must be monitored and evaluated to prevent injustice. The task of power is self interest ... to exercise those kinds of justice which reward power without jeopardizing the social base upon which the power depends."[10]

B. Education and Training

In most cases, career training within the religious sector is not adequate to meet the special needs of the elderly. Where inadequacies are being addressed, it is rarely done systematically by accepted standards. The NICA survey report documented the relatively low incidence of gerontological content in seminary curricula.[11] While the picture has brightened due in large measure to the 1977-79 Gerontology in Seminary Training Project (GIST), core requirements by seminary administrations and accrediting bodies neither suggest nor mandate closure of the gerontology gap in training seminarians (most of whom are younger than age 30). Thus, most seminarians will graduate with skills, attitudes, and knowledge inadequate to promote and provide effective "spiritual well-being" in their ministry to the aging and elderly.[12]

Another research project conducted by the Association of Theological Schools in the U.S. and Canada (ATS), with funding from the Lilly Foundation, sought to identify the criteria vital to competent ministry.[13] A total of 444 criterion statements were derived, ranked, and arranged in clusters. Of the 64 core clusters identified, not one descriptive title is specific for readiness as it might apply to ministry to the aging and elderly. Cluster 3, however, stresses the minister's need to relate "well to children and youth." This lack of sensitivity to and understanding of the special needs of the elderly in the community of faith was apparently a blind spot for most members of the five groups of people whose responses set the criteria, namely: (a) theologians and seminary professors; (b) lay consitutents who work with fledgling ministers and are recipients of their ministry; (c) fellow ministers who serve as professional peers as they interact on the level of staff, neighbor, committee, or special project; (d) denominational officers responsible for placement and/or supervision; and (e) senior seminarians. Obviously, if readiness for ministry is to be *redefined* to include the ability to "relate well to the aging and elderly," it will require a concentrated educational and sensitization effort at the seminary level and in continuing education of clergy, lay leaders, denominational executives, and religious educators/writers.

Additional career training needs within the religious sector center around administrators and direct service personnel, both ordained and unordained, who are involved in demonational or interfaith institutional programs or are involved in non-institutional programs within churches, community groups, interfaith groups, and programs having a relationship to area agencies on aging. As NICA's and ATS's separate research projects tend to indicate, it is likely that ordained personnel did not attend seminaries or schools of

theology with strong curricula in aging and that unordained personnel would have had even less opportunity to undergo specialized training in gerontology.

Even where gerontology is being included in career training within the religious sector, a problem exists. How can necessary secular competencies (knowledge, skills, attitudes) mesh with religious attitudes and values and Judeo-Christian traditions so as to insure ministry to the *whole* aging person, including his or her spiritual well-being needs? There is to date no known tested "model" upon which the education and training of career personnel in the religious sector could be based. The Gerontology in Seminary Training Guidelines for Competency are a start but do not constitute a full model.[14] While the spiritual will be emphasized in seminary training and continuing education of clergy, competence to minister to older persons in the community must be related to existing knowledge and skills in the processes of aging, demographic trends, the sociological context of aging, and the policies, programs and resources available to older adults.

Sensitivity to the spiritual is just as important in secular education and training settings. Students of gerontology and geriatrics must be aware of the total person and of all factors which contribute to the aging process, including the spiritual nature of persons and the means by which that nature is sustained and strengthened to assist elderly to cope. There need be no conflict whatever in First Amendment provisions in this regard. Administrative and legislative language properly include spiritual well-being as a right of older persons. In fact, tax-supported programs which omit such training are incomplete.

Cooperation between representatives of government, religious, and secular domains will be needed to assure that education and training are more wholistic in scope and content and reflective of reciprocal concerns.

C. Infusion and Specialization Needed

Because the religious sector comprises one of the largest constituency groups in the United States, it is important that the role of churches, synagogues, and other religious organizations be addressed in the 1981 White House Conference on Aging. The 1971 White House Conference on Aging, through a section on spiritual well-being, enabled many concerns of the religious community to be raised and addressed. Theological and philosophical values embedded in the concept of spiritual well-being need to be looked at with the intensity afforded by such a special section. On the other hand, spiritual values cannot be compart-

mentalized. Ethical values and matters of the human spirit related to service delivery and policy affecting older Americans permeate most major issues to be dealt with by the 16 WHCOA technical committees.[15] (See Fahey, Appendix)

In the non-sectarian, pluralistic sense, national policies in aging and human services in general will find support from the voluntary and religious sector as programs and resources for older Americans are provided in a way that recognizes the importance of spiritual well-being to total well-being. For this reason it is urgent that Older Americans Act funds be made available to research spiritual well-being.

III. DATA BASE

A. A Review of Previous White House Conference Goals

1. The 1981 White House Conference on Aging will be the fourth national Conference on Aging, all of which, collectively, span three decades. Moberg, in his 1971 WHCOA background paper, listed the following spiritual needs from the first National Conference on Aging in 1950:[16]

a. Assurance of God's continuing love;

b. The certainty that life is protected;

c. Relief from heightened emotions (such as guilt, grief, fear);

d. Relief from pangs of loneliness;

e. A perspective which embraces time and eternity;

f. Continuing spiritual growth through new experiences;

g. A satisfying status in life as a person;

h. A feeling of continuing usefulness.[17]

2. The 1961 White House Conference on Aging, through a section on religion, recommended that:

a. Congregations recognize special gifts of the elderly (wisdom, serenity, understanding) and invite growth in widsom, deepening relationship with God, and acceptance of assurance of eternal life;

b. Congregations provide transportation and facilities for participation in worship services for the elderly;

c. Greater use of media and leadership ministry to enrich the life of elders;

d. Chaplaincy services in institutions serving the elderly be provided by state, county, and municipal governments;

e. Enhancement of individual personhood and involvement of older persons;

f. Education and training of families, clergy, and lay leaders;

g. Abolition of myths of aging and improvement of the image of old age; and

h. Cooperation with community efforts to provide facilities and services to the aged.

A wholistic note concluded the report:

"Religion binds a man to creation and the Creator, and enables him to face the future with hope. This group summons, then, the great religious bodies of the nation, their congregations, seminaries, organizations, and related agencies, and all Americans who share their concern for the aged, to join in expanded efforts toward seeing that each of our senior citizens receives the benefits, spiritual and material, they richly deserve."[18]

3. The 1971 White House Conference on Aging report on Spiritual Well-being called attention to the importance of the spiritual as integral to all of life. ". . . to ignore, or to attempt to separate the need to fulfill the spiritual well-being of man from attempts to satisfy his physical, material, and social needs is to fail to understand both the meaning of God and the meaning of man."[19]

The 15 recommendations of the 1971 White House Conference on Aging were, in essence, as follows.

a. Increased cooperation between government and religious bodies to meet the spiritual needs of the elderly.

b. Inclusion of spiritual well-being in public/private education, research, and training efforts.

c. Financial assistance for clergy, professionals, and lay volunteers in developing competencies to meet the spiritual well-being needs of the elderly.

d. Provision of chaplaincy services, through public funding if necessary, in licensed institutions serving elderly.

e. Evaluation of the effect of government-funded programs on spiritual well-being of elderly recipients.

f. Direction of more educational efforts to the elderly regarding available services and programs.

g. Inclusion of older persons in age-integrated programs and in planning such activities.

h. Home-delivery of spiritual consultation on a volunteer basis and, if necessary, on a funded basis.

i. Awareness of religious organizations that wholistic concern includes physical, personal, and social needs, as well as spiritual needs.

j. Action by religious bodies to refer elderly to services available locally and otherwise.

k. Advocacy by religious bodies to hold both public and private entities accountable for developing programs which protect and contribute to the spiritual well-being of the elderly.

l. Assumption by religious bodies of a role in protecting, affirming, and articulating the basic rights and values of the elderly.

m. Cooperation of religious bodies and private agencies in promotion of interfaith community programs.

n. Collaboration of religious bodies and government in affirming the right of the individual to die with dignity.

o. Call for a National Conference on Spiritual Well-being to be held in 2-5 years following the 1971 WHCOA to review and evaluate national progress in the area of spiritual well-being.[20]

A summary analysis through 1975 of progress in implementing the various recommendations above is included in the appendix to this document.

B. Programs for the Aging Under Religious Auspices

Religious groups, especially those in the Judeo-Christian tradition, manifest biblical, theological, and moral values in various expresssions. Frequently the values become energized and visible in a tangible sense in voluntary human

services. Activities benefiting and involving older adults in church and synagogue settings have been reviewed and reported.[21] From 1972 to 1975, the National Interfaith Coalition on Aging (NICA), with funding under the Older Americans Act, undertook to survey programs for the aging under religious auspices. It was felt that no effective national position on programs and needs for older adults could be taken in the religious sector without an informed understanding of what denominational bodies, judicatories, and local congregations were doing in the field of aging.

Somewhat surprisingly, responses to that survey indicated that, in general, denominations do not maintain centralized systems for gathering and disseminating age and sex and other sociological data on the life and work of their various entities. With minor exceptions, data submitted to the survey had been voluntarily collected and was neither comprehensive nor, therefore standardized. Significant generalizations were difficult to formulate. The NICA study used open-ended questionnaires and allowed the respondent to be subjective. No attempt was made to assure identification of program characteristics across a range of organizations because of lack of a common nomenclature. Seventy-six of one-hundred-eleven national religious bodies responding indicated some degree of programming for, or intentional ministry with, the aging. The study covered national, regional, area, and local levels of operations and the programs within those levels. Fifty services or categories of activity were discovered.

C. National Programs

At the national or denominational level, programs tend to serve organization-wide needs. By far the most important program area appears to be in providing retirement services and pensions to organizational leadership. Staff and material resources allocated to the elderly by a number of national groups have been included in departmental programs with intergenerational foci not designed to address special needs of the elderly.

Interestingly, most national level programs in aging have reportedly been initiated since 1971.[22] National staff activity related to aging ordinarily is deeply imbedded in other program clusters or responsibilities funded from general administrative budgets. National programs most often provide centralized coordination and staff support services to other judicatory levels. Most denominations indicate that their programs meet traditional spiritual needs of elderly persons.

Other comparative national data have been gathered by a number of national religious agencies during the 10 years since the 1971 White House Conference on Aging. Examples of these include:

Regular surveys of housing data are made by the American Association of Jewish Homes for the Aged;[23] The National Benevolent Association, Christian Church (Disciples) survey of institutional and congregational services to the aged;[24] The Cathedral Foundation Study of health maintenance in a residential care facility (Episcopal);[25] The Lutheran Church in America has inserted age-specific questions in its annual statistical questionnaires to give a profile of its programs in aging.[26] These and other similar "secondary source" data have been contributed to the NICA survey.

D. Regional Programs

Regional-level aging programs under religious sponsorship tend to revolve around services requiring brick and mortar and trained staff. Additionally, the programs are usually geared to elderly persons residing within geographic boundaries of sub-levels of the organization. While most regional programs receive both sponsorship and funding from national church or synagogue budgets, many budgets are largely funded through fee participation in such services as housing and health care. Characteristically, regional programs have been in service longer than programs at the national or local level. Most programs at the regional level report more than two sources of income, with fees and congregational budgets ranked before national or regional organizational budgets as their primary funding source. Typical program services cluster around health, housing, recreation, and pastoral ministry. The regional programs surveyed are positive with regard to the value of spiritual well-being and indicate combinations of services providing for spiritual experience and well-being.

E. Area Level Programs

Area-level programs frequently show cooperation on an interfaith, interdenominational, and community-wide basis and tend to receive a significant proportion of community and federal funds. Examination of programs reported show key services to be nutrition, transportation, and social activity within center-style programs which often receive federal and state funds through area agencies on aging. Activities and services tend to be clustered, which is

characteristic of intentional programming, and operate in an institutional setting or out of the community/parish facilities. Eighty-nine percent of area level programs reporting indicated that their efforts provide for one or more essential aspects of spiritual well-being for elderly persons.[27]

F. Local Congregations

Local or congregational activities in aging include both institutional type services, such as housing, health care, nutrition, and congregational programs in a wide range of sizes, services, and other essential characteristics. Most such programs operate under congregational auspices with pastor or rabbi as director. Greater sensitivity seems to occur at the local level to the needs of the frail elderly, as well as to the needs of the elderly in ethnic settings. A little over half of these programs report funding from congregational budgets or contributions.

Fellowship and social activities lead the list of program concerns. Congregational and pastoral ministry, visiting companionship and recreational activities also rank high among activities provided by congregations for older adult parishioners. Responses to the matter of spiritual well-being effectiveness of programs are positive, as with the area level.

Nevertheless, taking the data examined in the NICA survey,[28] it appears that, as a whole, during the early 1970's, religious bodies in the United States exhibited relatively low efforts on behalf of the elderly.

G. Hopeful Signs

Recent increases in new programs especially at the national level where denominational offices of aging appear to be developing, indicate a growing consciousness of the needs of older persons and the perceived responsibility on the part of religious groups to examine priorities and establish policies and program thrusts with regard to older constituents. Heavy investments in housing, nursing homes, and other health care facilities is evidenced.

One emerging trend found in the 1970's is greater interfaith activity in aging. Along with the creation in 1972 of the National Interfaith Coalition on Aging, with its denominational or national level cooperation, a large group of state, regional, county, and city counterparts have developed. State councils of churches,

area and local clusters of churches and synagogues have pooled space, personnel, volunteers, equipment, and supplies to provide not only care for the elderly, but opportunities for life enrichment, self help, employment, and volunteer services to others. Perhaps the most notable national model is that of the Shepherd Center initiated in Kansas City by Dr. Elbert Cole and others.

Most of these agencies, though not "chapters" of the National Interfaith Coalition on Aging, are affiliated with that organization, and, through NICA, share ideas, resource information and expertise.

Some question whether religious bodies should be involved in the business of social services, forgetting that churches and synagogues were the first social service agencies in this country and continue to meet a large share of social and other needs at all age levels. In the light of needs that are known to be unmet or poorly met, in view of the espoused values of religious communities, the yet unsolved needs of the elderly call religious groups to greater planning, resource commitments and involvement in the 1980's.

IV. PRESENT SITUATION

In recent years, startling demographic data related to older Americans has been popularized in the media as the "graying of America," to be full upon us by the year 2020. Futurologists of a pessimistic bent warn of intergenerational strife and warehousing of frail and senile aged in dehumanized institutions. More optimistic views of the future see a healthier, better educated, more active elderly population working longer and more self-supporting. Retirement will include activities which are less self-centered and make a continuing contribution to an age-integrated society. Certainly, the scenario of the future is being decided today in such arenas as the White House Conference on Aging. The present situation is relevant as a starting point.

It will be important to carefully examine the findings of the 1980 census, particularly where trends may be extrapolated. Correct assessment of the current situation in our changing and mobile society requires adequate information which is difficult to acquire while honoring individual freedom and privacy. Too often in the past conclusions have been reached on inadequate or poorly assessed data. It is one thing to look at the density of population and discover a pattern of mobility as it pertains to age. It is another thing to compare that simultaneously with factors affecting other age groups. Mobility may be an economic necessity. Economic necessity may equally hinder mobility. Generally speaking, migration patterns relate to where economic security may be found or maintained.

The studies available to us from churches and synagogues today point toward the fact that the "church" is graying at a rate faster than that for the population taken as a whole.[29] Whether for spiritual or practical reasons, this would tend to point to a seeking of independence and security within the framework of a trusted community.

"Project Find" of the 1970's revealed many persons cut off from normally available support systems offered through family, friends, and other social groups, such as church and synagogue.[30]

Disengagement, isolation, and idiosyncratic responses to aging often follow retirement when contacts with co-workers, colleagues, and business associates diminish. As the older person ages, he or she also experiences the loss of siblings, and friends. Job requirements often separate children and their aging parents and diminish the elderly's life-support network. Church and synagogue have demonstrated the ability to assist older persons in successful adap-

tation of change through the widening of a circle of friends and acquaintances, newsletters, visitation, and, in many cases, through vigorous involvement in the life of the congregation.

Data available from many sources point to the growth of the over 65 age group, and, particularly, the advanced age bracket of 75+.[31] In coming years, this will place even more requirements on public and private agencies in serving the social and medical needs of the elderly.[32] Furthermore, in the 1980's, those who reach advanced age will have fewer grown children on whom they can rely for social, emotional, and financial aid. As we move into the 1990's, individuals reaching the age of 65 will have fewer siblings on whom they can rely.

"Transplantation shock" takes it toll when older persons requiring care are institutionalized or move in with family members who live in unfamiliar locations. Most elderly seek to maintain the lifestyle that preceded retirement. Persons above the age of 65 tend to remain where they were when they retired. In three years between 1975 and 1978, only 14% of the elderly population in the U.S. changed residence.[33]

Retired persons tend to maintain those associations within the community which were established in prior years. By far, those active in local congregations benefit most from the continuity of this activity in their lives.[34]

Data implications for congregations serving central city or suburban and rural areas call for an awareness of the needs of the elderly in terms of their communities. The minority elderly tend to suffer greater isolation in urban ghettos, while upwardly mobile younger families migrate to the suburbs. Elderly whites living in established suburbs need assistance to deal with changing socio-economic communities. The major thrust of the 1971 White House Conference on Aging was to promote independent living in one's own place of choice for as long as possible. This is an increasingly difficult goal to meet in the light of current inflation. The rural elderly, especially, lack ready access to public or private agencies that assist older persons to remain independent.[35]

V. TRENDS TO 1990 AND BEYOND

Within the charge to the technical committee was the need to make future projections to 1990 and beyond. The easy projections are those of a demographic nature. The addition of nearly 25 years of extended life in this century alone means that individuals and couples have the opportunity to live well beyond the child-bearing and rearing years. Implications for change in life style, careers, and outlook on the meaning of life are manifest. Projections of social and philosphical trends are dependent on expected demographic changes and, in turn, their expected effect on policy, resources, and distribution of services and subsequent effects. Variables of war, disease, inflation, and recession are not easy to inject. Technology is progressing faster than it can be employed or its effect evaluated.

As the lifespan increases, one expected philosophical benefit would be that within the next ten to twenty years there should be significant changes in attitudes toward aging and to the concept of time.[36] Well-being, whether spiritual or physical, will depend upon more thoughtful understanding of the meaning of life[37] and the quality of time versus the quantity of time or length of years. Religious bodies can furnish leadership in assisting society in gaining new meanings of the value of the later years, both to the individual person and to society in general.

As stated before, it is commonplace knowledge—thanks to the many articles which have appeared in national magazines such as *Newsweek, Time,* and *U.S. News and World Report*—that the United States is "graying" rapidly, that by the year 2000, the percentage of men and women in the USA who are 65 or older will increase some 40% to over 31 million people. This same "graying" is taking place in churches and synagogues, in some cases even more obviously than in the general population. Consider what statistics on aging Jews reveal. Rabbi Sanford Seltzer, Director of Gerontology Programming for the Union of American Hebrew Congregations, reports: "Already, 31% of all Jewish households in this country are headed by persons 60 years of age or older. The Jewish birthrate is extremely low; . . . the most optimistic estimates place the American Jewish population at approximately 3 million, or roughly one-half of the current figure, by the year 2076. In general, the synagogue has been no more responsive to the needs of a progressively older population than have other segments of the secular and religious community."[38] An example of "graying" on the Protestant side comes from the United Church of Christ which, in a 1976 survey,[39] found an average of 25% of persons 65 and older in its congregations, with upwards of 50% over 65 in numerous rural and inter-city

congregations. The Synod of the Southeast, Presbyterian Church U.S., discovered in a 47% sample of its congregations that 29% of its total constitutency is above the age of 55, with a majority of these over 65.[40]

Involvement of agencies, seminaries, and denominational representatives of U.S. religious bodies whose constituencies in the aggregate exceed well over one-hundred-million[41] have demonstrated a heightened awareness of the demographic and sociological realities associated with an aging society.[42] For the most part, older adults are not specified in intentional program terminology used by church and synagogues. In some cases, activities single out persons—a ready illustration that there is focused concern on aging congregants.

Some churches and synagogues have recieved public funding for participation in specific aging programs.[43] These programs, often linked with community or area aging networks, are usually more easily identified than those operated without outside funds. There is little cause for religious organizations to use social service or federal program language for what is done in the usual span of activities. Church related agency efforts where public funding is involved, as in housing and social service grants or contracts, do require more visible age specific program language.

With a new administration and a Republican majority in the U.S. Senate, it is difficult to assess prospects for increased funding appropriations for federal categorical and discretionary programs in aging. An inflationary economy and subsequent recession would bode ill for new programs, research, and education, with most resources being used to keep direct services such as nutrition, housing, health care, and other "aging" network programs in operation. Hopefully, this could point to an acceleration of innovative activity through private sector agencies and, certainly, through the religious sector. With better awareness of their age/sex profiles, congregations in the 1980's could be expected to allocate more equitable budget resources for programs for yourth, a preoccupation of the 1960s and 1970s, and for the growing proportion of older parishioners in the 1980's and 1990's.

A. Uncertain Trends

The 1970's witnessed a decline in the membership of many larger denominations. At the same time, a corresponding growth has occurred in independent congregations and other groups. Several phenomena may explain this trend: the rise in new movements such as the charismatic renewal, ecumenical prayer

groups, and electronic religious media.[44] Electronic religious media appears to draw much support from older people who are either unable to attend their own churches or have become neglected by their own congregations. Growth of independent local prayer groups and congregations, once thought to be peripheral, have proved to be sustaining activities to many. Such independent groups do not, for the most part, relate to national structures and service system resources, as to mainstream denominations. One possible trend for the 1980's and beyond may be the regrouping of denominations ecumenically and the union of some mainstream denominations now experiencing a decline in membership. At the same time, independent congregations may find each other in loosely structured associations providing similar services to those given by more established religious groups. Such structures are important as auspices to support and underwrite housing programs, health care facilities, and in generating materials for consciousness-raising and programming for older adults. Centralized activity also provides for the establishment of policy and channels of communication between smaller groups and national bodies, both secular and public.

Gerontological education is receiving greater attention in religious sector preparation of professionals, particularly clergy.[45] Predictably, progress will be slow over the next ten years. It is to be expected that there will be a steady rise in the number of denominational agencies and staff positions related to aging, as decision-makers realize the ramifications of intentional ministry with and for older persons. Federal cooperation through funding for appropriate education and training activities would be one important way of multiplying services not otherwise available.

VI. MAJOR FINDINGS

Previous White House Conferences have enlisted vigorous support from persons concerned with the spiritual needs of older Americans. The resources and commitments of the religious sector have been evident. The creation of a volunteer Coalition of 31 religious bodies to respond to the 1971 White House Conference on Aging recommendations in the area of spiritual well-being and to the report as a whole has significantly impacted the field of aging in the past decade. This continuing exploration of the mission of the religious sector in the field of aging has extended to the surveying of 111 national denominational offices and more than 135 seminaries and schools of religious education.[46]

In 1975 this Coalition developed an interfaith definition of spiritual well-being: "Spiritual Well-being is the affirmation of life in a relationship with God, self, community, and environment that nurtures and celebrates wholeness."[47] Within this group of religious bodies, commitments to ministry both with and for the elderly have increased in the past decade and many have formulated position or policy statements.[48] Much of the policy reflected in these statements has issued in the increase of gerontological training in religious sponsored schools, programs and services, plus greater cooperation with local and network aging efforts.

The focus of this discussion is narrowed in view of the charges to the other 15 technical committees. However, spiritual well-being is not a transient matter. We note therefore: (1) materials prepared for the spiritual well-being section of the 1971 White House Conference on Aging, (2) the subsequent responses by organizations within the religious community to those recommendations.[49] (3) the output of the 1977 National Intra-decade Conference on Spiritual Well-being of the Elderly, and (4) the report of the National Symposium on Spiritual and Ethical Value System Concerns in the 1981 WHCOA, a "mini Conference." The Symposium examined values from a secular-humanist, as well as religionist, perspective. Two points emerged: 1. spiritual well-being of the elderly is as important as their need for health care, housing, and other physical sustenance and, 2. spiritual, ethical, and moral principles are basic in developing just and effective national policy for citizens of all ages. The consensus of human worth emerging from differing ideological perspectives provides such a common base.

Other technical committees have within their charges issues tied to ethical and moral questions, especially quality of life, bio-medical issues, distribution of national resources for health care, income maintenance, and housing. Here,

the concerns of the religious sector and those of secular ethicists find common ground. While a society based on a single religious view would violate constitutional freedom, in America's pluralism, society cannot function solely on secular ethics.

VII. KEY ISSUES

Most of us would agree that America faces crucial decisions in regard to the status, contributions, and well-being of the aged. The technical committee's viewpoint is that factors that contribute to the well-being of the aging, which is vital to society, have dimensions which are spiritual and moral, as well as physical, political and financial. Just as the government's legislative, judicial, and executive branches function collectively, but with separation of powers, so our society must coordinate, stimulate, and facilitate the mediating structures of church, state, and private sectors as equal voices. This committee identified the following key conceptual issues and practical roles to be included in the development of national policy for aging in America in this decade.

A. Wholistic Aging Policy and Spiritual Well-being

The creation of an age-integrated society implies integrity across the life continuum. It also implies a wholistic approach which is necessary if the individual, or society in its collective parts, is to experience unifying integrity and fulfillment.

No society neglecting, mistreating, or isolating any age group can long survive. Elements of expanding pluralism, changing demography, growing technology, and limited national resources can be detrimental to common good without national policy linked to constitutional values of human equality, liberty, and rights to life and the pursuit of happiness for all. Therefore, national policy in aging is properly stated in wholistic contemporary terms.

An age-integrated society will not long cohere unless national policy promotes social balance. We recognize distinctive age-specific needs to be addressed in a responsible society. In an economy insufficient for those program needs already in place, adjusting imbalances in societal services is difficult. Both an age irrelevant society and an intergenerational society (two meanings of age-integrated) seem desirable on balance, but neither is an unequivocal good vis-a-vis national policy and aging.

1. Spiritual Well-Being and religious experience are often sidelined as optional or peripheral. A wholistic view of the individual, on the other hand, sees him or her as a functioning being, coordinating vitally the physical, emotional, intellectual, spiritual, and social dimensions of life as an inextricable totality. Change of one dimension affects the whole. Neglect of one dimension

diminishes all. Support of this view of the individual requires a resonant response from society to organize its functions, processes, services, and policies in support of wholeness.[50]

Spiritual well-being is well beyond the religious domain. Compartmentalization limits social attitudes. Neglect of the values underlying the spiritual needs and natures of individuals denegrates the spiritual to second-class status. The spiritual is not, however, exclusively religious, but pertains to intangible, non-material, supernatural characteristics, qualities, or needs, which all human beings possess.[51] Thus, the 1971 White House Conference on Aging Background Paper on Spiritual Well-being concludes, "That all (persons) are 'spiritual' even if they have no use for religious institutions and practice no personal piety. . . ."[51] National policy must therefore include all aspects of life experience, including the spiritual.

If we lack definition or clarity, or feel uncomfortable with the spiritual as part of the whole of life, we must all the more include it in our research and service goals to improve the total well-being of older persons. This approach requires that both secular and religious sectors not speak of "wholeness," "integrated," and "total person" when the spiritual aspect of life is omitted from consideration.

In relation to policy formulation, the technical committee on spiritual well-being takes the position that the aging person is a whole person, regardless of problems which may lend themselves, administratively, to a segmented treatment. Policy approaches in keeping with historical, theological, and philosophical values and attitudes should be based on non-sectarian standards and must be included in future planning needs. In this regard, some concerns of the committee on spiritual well-being and those of the quality of life committee are similar.

There must be national policy which reflects the importance of making provision for the spiritual well-being needs of all age groups, but especially older people.

B. Religious Institutions as Architects of Societal Attitudes

Religious institutions form one of the largest groupings of American society; and, as advocates for the elderly, they are capable of bringing awesome pressure to bear on decision and policymakers to produce creative change. On the other hand, as many concerned individuals and groups rightly point out,

status quo often persists because church and synagogue do not live up to their own Judeo-Christian standards.[53] Life fulfillment is seriously curtailed in a culture where attitudes, policies, and programs place restrictions on the aging person's opportunities for self-expression, improvement, and involvement.

The decades of the 1960s and 1970s have seen profound changes in the values and belief systems in our nation, especially as these relate to changing roles of women and men, family structure, attitudes toward the young and old, and changes in modes and fashions of worship. These changes and those in our economy and lifestyles affect our values and attitudes and are reflected in national policy. One of the great challenges facing religious institutions is the reshaping of societal attitudes and the re-direction of social trends so critical to the achievement of an age-integrated society.

While few people today accept uncritically the teaching of religious institutions in regard to their behavior in everyday life, nevertheless, great potential lies with such institutions to significantly influence community thinking and behavior. Both lay and professional members of religious institutions need to become informed about the needs of the aging and of availability of resources to older people.

Done ecumenically, public and private sector partnership will produce the greatest effect. Local and regional counterparts of agencies such as the National Interfaith Coalition on Aging can work for better housing, recreation, social services, medical care, and especially for positive and supportive attitudes toward older members of the community. Religious institutions have demonstrated their effectiveness as advocates for the disabled, minorities, and refugees and can do the same for senior citizens. Such activities move policy toward wholistic well-being for all age groups. The religious sector speaks to its own members and, through them, infuses its values and standards into the disciplines and service domains of our society. "The central credo of most . . . traditions . . . while variously expressed, is the unqualified worth of persons as persons created by God, whatever their age or station. This conviction applied to the lives of older persons in a community enables church and synagogue to enhance, through their own channels and resources, the quality of life for all ages, as older persons make contributions and also receive ministry commensurate with their real condition, talents, and meaning in current American life."[54]

As a proponent of the personal worth of the individual and the wholeness and fulfillment in each person's life, the religious sector can act as a unique catalyst in guiding society toward a more just and humane policy in aging.

C. Religious Institutions as Providers of Service

Religious institutions are mediating structures in American society. Particularly, local congregations provide a place of identity, belonging and refuge, support rights of the individual, and, at times, facilitate the individual's relationship to power structures. Such mediation ranges from advocacy on behalf of older people to services to assist in self-care or total care of the person, as needed.

Historically, both institutional and community-based services by and for older persons have been created and operated under religious auspices. Adult day care, senior centers, residential homes, nursing and health care centers, and a variety of personal support services of a "hands on" nature give substance to espoused concerns. With a growing number of vital older persons not in institutional care or in need of specific services, denominational programs logically extend the life-enrichment opportunity and involvement of older persons as volunteers in the service of others.

Just as important is the need to include older adults in the life, worship, and social activities of the congregation. While institutional services of a public or private nature tend to be more formal and structured, religious institutions are uniquely equipped to provide services of an informal nature through congregations to meet many of the needs of elders in the community.

In terms of aging, it is important to remember that there is no homogeneous "aging" population. While about 5% of older Americans live in institutional care, many frail elderly remain under the care of family members at home. Most older persons continue to be active and competent into their 80's and 90's. The number in the "over 75" age group is increasing.[55] This generalized picture does not apply to minority elderly who, as a group, exhibit lower life expectancy on the whole and greater vulnerability to illness for which they often lack access to quality care.

1. Family—The local congregation should assist families and those who aid in caring for frail elderly at home. Traditionally, the family has been responsible for its older members, as well as for its children. A family setting is appropriate to accommodate the different periods of aging, although the norm of a four-generation family complicates matters. Today, however, as the older population increases, the structure and functions of families are changing as well. Mobility, smaller houses, employment of women and other changes make it more difficult to provide at home for the older family member's special needs. In many instances, religious institutions with which the family

has been associated function as the best agency through which needed services may be provided for the elderly. Most congregations have trained clergy and lay leadership, and increasing accessibility to community and professional services. In dignity and freedom, services rendered through local congregations can carry the overtones of advocacy, protection, and concern once provided in the family setting.

In a technological age, where productivity and family mobility accelerate, norms are not established for accompanying societal changes. In many cases old values are displaced in the wave of change, leaving ethical decisions and societal values to operate on expediency. Organized religious bodies can help preserve dignity in aging by mediating and supplementing programs established by every level of government. They may also properly influence national policy.

D. The Role of Religious Institutions in Meeting Spiritual Needs of the Elderly

"The concerns and resources of communities of faith for their aging are as old as the communities themselves. Church and synagogue contribute directly to quality of life of the aging by fostering spiritual well-being . . ."[36] By definition, spiritual well-being moves beyond specific religious arenas to wholeness of the individual and the quality of life. The religious community provides a milieu in which concerns for the spiritual needs of older adults may be nurtured and enhanced. While spiritual well-being applies without regard to age, the vicissitudes of growing older provide unique opportunities for spiritual growth essential to wholeness in the individual.

Acknowledgement of the spiritual nature of persons can put trials and satisfactions of life into a sane perspective. The spiritual cannot be separated from the physical but rather transcends and permeates life to give it its fullest meaning. Thus, spiritual well-being and spiritual values have a bearing on the total personality and total society. It is precisely at the point of acknowledgment of the total needs of older people that the religious sector may address the whole of society, speaking effectively to the phenomenon of aging and aiding in the fulfillment of persons and the humanization of bureaucracy and technology. It is equally important that the religious sector, through its congregations and agencies, encourage the aging to continue giving to society from the wealth of their experiences and to remain active participants in community life.

Meeting the needs of older persons in the 1980's requires greater understanding of processes of aging, especially dying and death. Emphasis must also extend to promoting life-long spiritual and intellectual growth. Such must be the curricular foci within both religious and secular training and educational programs to make more competent those who serve the needs of older Americans.

Finally, it needs to be repeated that spiritual needs permeate all social, psychological, and physical needs of older persons. Policies and programs of religious institutions must respect needs of older persons as persons, not just remote objects of study and interest. Attention to their needs requires not only minds and hearts, but hands and legs. Doctors may rarely make house calls in our day, but congregations can and should!

However religious bodies define their own spiritual and theological mission, older persons must receive such ministry in terms of their own faith. Whether through sacraments, scriptures, worship or other familiar means of grace, churches and synagogues have a responsibility for outreach, inclusion and spiritual succor to older congregants.

VIII. RECOMMENDATIONS

Movement toward an age-integrated society requires major change in the thinking and attitudes of all groups and professions. The success of such a future society will require the acceptance of a more wholistic philosophy of life-span development and planning and life-long learning appropriate to every stage of life. Basic and continuing gerontological education for all professions and service domains concerned with older people must include explicit recognition of spiritual and ethical concerns of aging.

When human values and social ethics are considered, the traditional roots of those values cannot be lightly considered. Historically, the constitutional formulae reflect the transcendent nature of the faiths who sought separation of church and state as protection *of* not *from* cherished values and spiritual principles. These formulae, in themselves, recognize the power and place of religious faith and practice to the individual and in the liberty and well-being of the nation. In this spirit, we propose the following:

Recommendation 1—We call on both "church" and "state," at all levels, to discover and develop policy which, in keeping with traditional, constitutional principles, promotes the highest cooperation, interaction, and partnership to:

a. provide education for aging;

b. deliver adequate services; and

c. consider the wholistic needs of each individual throughout the life span.

Recommendation 2—We urge religious institutions to examine the work of their boards and agencies, as well as the entire range of their programs, to assure that:

a. standards conform to traditions revering long life and dignity;

b. activities promote the worth of persons and enable their continued life-long growth; and

c. professionals foster attitudes which prevent "ageism" and "gerontophobia."

Recommendation 3—We urge upon all levels and agencies of government the inclusion of religious sector instrumentalities as appropriate agencies through which publicly funded programs for the elderly may be administered.

Recommendation 4—We call upon religious, secular, public, and private educational institutions to:

a. adopt the view that the older person is a whole person, having spiritual as well as physical and psychological needs, and

b. include in education/training programs skills for addressing spiritual needs and care of the elderly as a means of coping with all aspects of aging, including dying and death.

Recommendation 5—We call upon both secular and religious service providers to develop and provide services which, in style and substance, acknowledge and meet the wholistic needs of the older person (physical, mental, economic, psychological, *and* spiritual).

Recommendation 6—National policy should recognize that spiritual care meets a legitimate human need and is, therefore, a reimbursable service, when included as a component part of institutional community-based intensive services, such as those in hospitals, nursing homes, hospices, clinical pastoral counseling and care services, home health or mental health clinics.

EPILOGUE

Though spiritual and ethical values are somewhat amorphous and difficult to assess, nevertheless, they are wellspring for all human services—public and private, secular and religious. Moberg sharpened this perspective and pinpointed a research dilemma, as follows:

> "Since spiritual well-being is infused into all of life's activities, experience, feelings, attitudes, beliefs, organizational programs and the like, it is very easy to miss its central significance at the very core of human nature. Also, since a kind of 'spiritual blindness,' according to the *Bible,* inflicts people who lack spiritual enlightenment, those scientists and scholars who are non-believers in God can adopt as an unspoken posture a denial of the essentially spiritual nature of man and will refuse to observe evidences of the ontological reality of the spiritual component in human nature. There are indeed great complexities related to the subject, but if the religious bodies do not give attention to spiritual well-being, no other major institution in society will."[57]

"The Biblical prophet Joel speaks of the young having visions and the old dreaming dreams. (Joel 2:28) Age-integration calls for the gifts of young and old to be acknowledged and employed. But Joel's word on dreams and visions, also echoed in the New Testament (Acts 2:17), follow prophecy. A better society for all age groups will see not only a "foretelling," but a requisite "speaking-forth" prophetic call. While this is a traditional role of religion, it is also the spiritual legacy of our U.S. Constitution. Values guarded by constitutional fiat are designed to benefit all with tests of age, means, race, or creed. Any trend toward the ultimate solution of the needs and problems of this decade or the next will require a values-coherent and values-practicing society. In this respect, the government has a protective and legal role. At the same time, the religious community must apply its prophetic role if the quality of life in any "age-integrated" social system is to flourish and permit dreams and visions to have meaningful expression.

We are reminded by Dr. C. Welton Gaddy that the application of values in national policy formulation will not be easy:

> "Inevitably, the conscience on aging revealed in the religious community's pastoral concern will come in conflict with the conscience on aging evidenced in the secular community. However, tension at this point can be very beneficial."[58]

This tension, he asserts, accompanies all significant social change. It is therefore, incumbent on American value systems to be persistent in challenging prejudices, the status quo, and demanding redress of wrong. Together, secular and religious sectors must provide an ethic by which policies and programs in aging may be evaluated.[59]

This document is submitted, then, in a perspective of hope and from the basic values and faith most Americans share. Much in the spirit of Rabbi Abraham J. Heschel's address to the 1961 White House Conference on Aging,[60] Welton Gaddy raises a positive challenge:

> "We have much to offer the aged. Problems can be attacked. However, we have much to obtain from the aged. Promises can be realized. The presence of the elderly can help stabilize our communities and be a source of strength in our families. Their memory can bind us to our heritage and teach us to learn from the past as we plan for the future and the present. Their wisdom can challenge our disoriented lifestyles and call forth a reassessment of those matters which are ultimately important—human relations, promises to keep, personal affection, and similar concerns. Their experience can inform us on how to live better with less through conservation and how to get more from less in the face of inflation. Their faith can inspire our faith to the point that we share their hope."

The aged hold great promise for our society if we will but have the good conscience to lay hold of it. Our manner of response will be indicative of our humaneness or bestiality; our sense of integrity or lack of it. Judgment on our feeling about and interactions with the aged may take the form either of blessing or condemnation. All of the evidence is not yet in."[61]

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46. T. C. Cook, Jr., pp. 51-58.

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52. D. O. Moberg, 1971, p. 3.

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APPENDIX
Item 1

ETHICAL IMPLICATIONS OF A GREYING SOCIETY

Excerpts from a Paper Prepared and Presented by
Msgr. Charles J.Fahey, Director
Third Age Center, Fordham University
at the National Symposium on Spiritual and Ethical Value System Concerns in the 1981 White House Conference on Aging, October, 1980, Cincinnati, Ohio, National Interfaith Coalition on Aging, Inc.

The White House Conference on Aging may identify issues with moral or ethical implications and indeed many of its recommendations may have moral or ethical overtones. However, the process itself is not designed to make ethical judgements.

I would assert that the new reality of aging, particularly as reflected in the numbers of persons who are achieving the fullness of life, constitutes a new area for ethical reflection. Many of the moral and ethical constructs with which we are familiar, grew from a reflection on a very different demographic reality than we have today.

An analysis of ethical implications of Technical Committee subject areas gives rise to several categories of ethical issues:

1. Those issues which are age irrelevant, but surely affect older people: for example, the relationship of professional people to those who are being helped. On the other hand there are those which do relate to age; for example —intergenerational transfer issues.

2. Both long standing issues of "informed consent" of the "continuation of life" in the light of chronic illness and new issues: for example, the ethical implications of a four- or five-generation family and the reciprocal responsibilities of the members of these families toward one another.

3. Issues specific to an individual area of inquiry and others that are overarching.

4. Issues clearly in the public domain, but heavily tinged with ethical implications; others so intimate and personal that they are generally outside public decision making.

As an organizing principle I will use the categories of "over-arching" and "specific".

A. Twelve Over-Arching Issues

1. Developmental Choices—As people live longer, success or failure of the Third Age is predicted upon decisions made throughout one's life. The responsibility to age well involves personal choices and has implication not only for the individual, but also for society as a whole. Aging well involves both earlier life choices as well as choices in the Third Age.

2. Entitlement—Does age or survivorship create an entitlement to special consideration in family or in societal systems? Current entitlements may have been engendered, by the equation of age and frailty. While frailty at any age creates entitlements in natural support systems, does age in and of itself create entitlements which should find expression in special family relationships as well as in governmental response?

3. Intergenerational Responses—The reality of a fourth and often fifth generation creates new challenges in regard to intergenerational relationships and transfers, both material and psychological. With four generational families becoming normative and five generations usual, should we expect the response of members within this new reality track that which was expected within the three generational family? Should government's role be the same in regard both to families and multiple generations as in the past?

4. Family Responsibility—While family responsibility fits generally within intergenerational relationships the very special ties between members of one family requires a great deal of study. This inquiry should be psychological, economic, political and ethical. It is to be expected that there will be intergenerational transfers of resources not only between children and parents at an early age, but between parents and children at a later age? Such concepts affect not only family attitudes but also public policy approaches to such things as inheritance taxes or family obligations in means testing programs.

5. Other Mediating Structure—Recognizing our interdependence at any age but particularly the special vulnerability that often accompanies age, the expectency one has of other mediating structures, i.e., neighborhoods, labor unions, service organizations, church and synagogue, is an area of importance not only to individuals, but also to public policy.

6. Independence and Dependence—American culture is replete with the notion of independence: yet there is a growing awareness that even the most mature, stable, economically sound and intelligent human being lives within the context of dependence: upon society, the environment, government and the international community. Dependence is spoken of as a disvalue. Given the economic, social and emotional needs of older persons need there not be a more thorough consideration of the value, and relative significance of autonomy and dependence?

7. Work and Leisure—In our society work is the principle technique of resource transfer. It has great meaning for personal satisfaction. Particularly at a time in which the amount of physical labor needed for the well being of society may be lessened, there is a need to have a more profound understanding of work and leisure at every state of one's life. The economical and psychological functions of work need to be understood much more profoundly.

8. Allocation of Resources—In an inter-dependent society various societal structures perform a function in allocating resources and opportunities, families, unions, governments at every level, as well as a variety of other social structures. The ethics of distribution as well as the decision making processes on distribution take on new meaning in a period of relative scarcity. It has special meaning for those who are no longer part of the work force whether because of age or frailty.

9. Spreading One Risk—People who are fundamentally equal have chosen to share risks through the insurance principle. Risk sharing is so much part of our society that government intervenes to assure not only that such techniques are sound, but also that risk sharing ventures are inclusive of those who might otherwise be unable to participate in them. Government spreads risks across the general population in the instance of those who, by reason of adverse selection, are excluded from risk sharing ventures. Medicare is such an example. Ethical as well as economic consideration of such risk sharing both inside and outside government continues to be in need of exploration.

10. Limits of Excellence—In a period of affluence there is a legitimate desire that in every human exchange, particularly those that affect frail and vulnerable people, there be excellence. However, in a period of relative stability of resources, coupled with growing expectations, that which possible can be done may not be able to be done. An ethic of modified expectations which translates itself also into modification of regulatory and licensure activity needs to be undertaken.

11. Political Process—In recent days we have generally accepted society's responsibility to afford special opportunities to those who may have been excluded from opportunity at an earlier age. How much remediation should be brought to bear in the instance of older Americans?

12. Equity vs. Adequacy—Many programs for older persons have the dual purpose of adequacy and equity. Obviously these are both good, but does one have precedence over the other. Can adequacy and equity be addressed within a single governmental program? Can they be addressed in governmental programs in their entirety? Questions of equity and adequacy appear frequently in the debate of the Social Security Act particularly in the area of women and minorities.

B. Specific Concerns

Within each technical committee there are a number of ethical issues. The following list is illustrative of some of these:

1. Retirement Income—The question of retirement income presumes that retirement will continue to be a value in American society. While few would deny that individuals who have resources need not work, the question remains as to whether retirement should be advanced as a societal value and assured by governmental action. Implicitly, retirement has had some connection with frailty. However, today's 65 year old is not likely to be frail.

Should the retiree be guaranteed participation in the increase of productivity of a company and of the nation? Should one be protected against inflation? By whom? Does longevity give rise to an entitlement to benefits?

2. Physical and Mental Health—Medical/moral/ethical issues have long been the subject of debate—in academic circles, professions, and in public policy (particularly at the state level).

Among those issues in the treatment area are:

a. Confidentiality.

b. Informed Consent.

c. The locus of decision making around treatment.

d. The utilization of various techniques to improve health, to sustain life, to end life.

3. Health Maintenance—Much of the maintenance of health is dependent upon one's life style. A conflict arises between the right of the individual to act freely and society's right to expect behavior whereby the person will not harm her/himself at the expense of society. What responsibility does society have to those who have injured themselves through their own poor lifestyle? We have numerous examples of such choices such as in the area of smoking, seat belts, alcohol, drugs, etc.

4. Long Term Care—Among those ethical issues in long term care are:

a. Resource allocation: i.e., the right the person in need of long term care has to such care from our society, i.e., the families, the government.

b. Methods of intervening in the lives of those persons who are marginal or of diminished competency to make decisions about their own lives.

c. The quality of life to which those who are in need of long term care are entitled and which must be assured by society.

d. How much freedom of choice one should have in the area of long term care?

e. To what degree should ethnicity, culture or religion bear in society's arrangement of both building and non-building long term health care programs?

f. The role of private investment in the provision of long term care services and the responsibility of the investor who enters this field.

5. Family-social Support

a. The role of family in the ordinary course of life as well as in the support of those who are frail and vulnerable.

b. The role of other mediating structures in meeting the emotional/physical needs of people.

6. Physical and Social Environment

a. How much risk can be tolerated in the provision of care to the frail and vulnerable? What kind of social and physical environment is acceptable?

b. Differential use of professionalism: How are professional and technical resources to be allocated?

c. What is the role of mediating structures other than family?

7. Older Americans as a Resource—A fundamental question is the responsibility of the aging person to society as a whole. Culture sanctions older persons retiring to a life of self interest. Should older persons of the future be challenged to greater participation in community problems.? Should they be challenged to use their gifts to the benefit of the broader society?

8. Employment—What is the intergenerational responsibility in a time of scarcity? If there are a limited number of jobs available, is there any obligation on the part of the old to allow the young to participate in the job market?

9. Implication of Age Integration—How much freedom should people be afforded to associate with others? Do we force age integration? Do we force age segregation? Do we allow some choice in these matters particularly in the provision of human services?

10. The Economy—Is the economic model itself, a sufficient explanation of human interchange? There are a number of other modes of human interactions of singular importance to persons, not only in psychological and spiritual realm, but also in the area of basic support in activities of

daily living. How far do we wish to bring human interaction, often done out of love, friendship or neighborliness into a professional, monetized system?

Is "production" the only way to distribute resources in a society? Is there significance and societal responsibility for those who are "non-producers?"

11. The Educational System—With shifting population patterns, should some resources heretofore available only to the young, be made available to the old?

Is it a legitimate use of educational resources to assist persons in the enrichment of their intellectual/social capabilities without orientation toward participation in the work place?

12. Spiritual Well-Being

a. What is the relationship of the older person with the religious community? Does the older person have a special call upon the resources of religion and a special responsibility to religious bodies?

b. Has the religious community reflected sufficiently upon the reality of the graying of the population? Has it considered the ethical question arising as a result of the graying of the population?

c. Is the religious community sufficiently responsive to the graying of its congregation in its religious programs?

13. Family

a. What is the significance of the four-five generation family?

b. What is the special relationship of couples to one another through the whole life cycle?

c. Are there changing roles and functions in families?

d. Can there be new social arrangements which fulfill some or all the functions of family life?

14. The Media

a. Does the media have a responsibility to be truthful in regard to aging persons?

b. Does the media exploit the fears of older persons?

c. Does the media foster ageism?

15. Governmental Structures—Do the special circumstances and needs of older persons demand age related governmental structures and systems?

16. Research

a. Are special safeguards needed for "informed consent" in research with the aging?

b. Does research bring with it an implicit commitment to service?

These questions among others, are likely to arise within the technical committees. Along with the overarching issues they often mirror and give indication of the richness and complexity in the aging phenomena. Hopefully the White House Conference on Aging processes will develop and sharpen the issues which should be addressed not only in public policy areas, but in ethical and moral circles as well.

APPENDIX
Item 2

White House Conference On Aging Staff Document
Prepared by Mrs. Victorina Peralta, Program Analyst,
December 3, 1980

Proposed Researchable Questions: Technical Committee # 12—An Age Integrated Society: Implications for Spiritual Well-Being

The Technical Committee on An Age Integrated Society: Implications for Spiritual Well-Being, recognizes the lack of data and literature related to the subject matter and the need for 3 types of research, namely:

I. Applied community-based social research
II. Behavioral research
III. Supportive research

Within each of these 3 different types of research are the following researchable questions, which the Committee recommends:

I. Applied community-based research:

a) Churches/synagogues and other organized religious groups as service providers:

(1) What services do they provide (formal and informal)? Who provides them and who receives them?

(2) What are the implications of these services in an age-integrated society.

(3) How are these services provided?

(4) Role of older people themselves as providers of services within church/synagogue and other organized religious groups.

(5) What is unique about the services?

II. Behavioral Research

a) Churches/synagogues and other organized religious groups as architects of societal attitudes.

(1) Identify attitudes both positive and negative. What are they?

(2) How do these attitudes affect older people; their peers as well as other age groups?

(3) Role of churches/synagogues and other organized religions in influencing and maintaining these attitudes.

(4) Impact of the identified attitudes in the quality of life in an age-integrated society.

(5) Attitudes and values unique to minority elderly: Asian/Pacific Americans; Blacks, Hispanics and American Indians as they relate to behavioral attitudes.

III. Supportive Research

a) Churches/synagogues and other organized religions' roles in meeting the spiritual needs of the elderly in an age-integrated society.

(1) Define what is meant by an age-integrated society. How does this relate to the spiritual well-being of the elderly?

(2) Identify ethical and moral values involved in planning, practice, training and research in an age-integrated society.

(3) Identify training needs of ministers, rabbis, priests, and other religious leaders.

(4) Identify and classify training models in the formation of priests, rabbis, ministers and other religious leaders.

APPENDIX
Item 3

IMPLEMENTATION OF 1971 WHCOA RECOMMENDATIONS ON SPIRITUAL WELL-BEING*

Recommendation	Present Status	Action Taken	Perceptions of What Facilitated Action
I.			
The government should cooperate with religious organizations and concerned social and educational agencies to provide research and professional training in matters of spiritual well-being to those who deliver services to the aging. Further, financial assistance should be made available to train clergy, professional workers and volunteers to develop special understanding and	Implemented	AoA policies provide central coordination for research in aging so that the large investment of resources in this area will be related to agreed upon objectives. Title IV-A of the Older Americans Act allows the expenditure of federal funds to train clergy as does AoA's Model Projects. The National Interfaith Coalition on Aging (NICA) received a two-year grant from AoA entitled Gerontology and Seminary Training (GIST). Through the grant, NICA offered 80 different seminaries developing models for training	Cooperation between AoA and NICA. NICA's success in receiving AoA grants.

Most of the information taken from this analysis was taken from "The Religious Sector Explores Mission in Aging," a report prepared by the National Interfaith Coalition on Aging sponsored by Administration on Aging. 1976. Subsequent activities are reported elsewhere.

Recommendation	Present Status	Action Taken	Perceptions of What Facilitated Action
competency in satisfying the spiritual needs of the aging.		clergy, professional workers, paraprofessionals, and volunteers to competently deal with the spiritual needs of the aging. The project ended in January of 1980. NICA produced a major survey of literature on religion and aging, updating existing bibliographies. NICA also developed a resource listing of the names of theologic educational institutions which provide curricular consideration of the spiritual needs of the elderly. NICA has stimulated religious bodies and schools and nonsecular schools of gerontology to provide curriculum and training in dealing with the spiritual well-being of the elderly as it relates to the delivery of services.	

Recommendation	Present Status	Action Taken	Perceptions of What Facilitated Action
VII.			
Efforts should be made to meet the spiritual needs of the aging by ministering to them in conjunction with people of all ages, as well as in groups with special needs.	Implemented	During annual assemblies sponsored by the National Interfaith Coalition on Aging (NICA), it was recommended that creative religious education and continuing education be inter-generational in its context and application. NICA continues to encourage its membership to combat ageism by involving the elderly in policymaking and in the planning and implementing of congregational programs, especially those designed for the aging or designed to be cross-generational. Many religious bodies are federal grantees which provide social and nutritional needs of the elderly.	Leadership of NICA
VIII.			
As part of overall programming for older persons, communities should make available religious or	Partially Implemented	NICA has encouraged its 28-member religious body organizations to assess the needs of their elderly members through survey or examination of ex-	Effective networking

Recommendation	Present Status	Action Taken	Perceptions of What Facilitated Action
other spiritual consultation to the aged in their own homes, using the clergy and other trained persons. Special emphasis shall be given to assist and utilize personnel of those religious bodies lacking financial resources often available to larger groups.		isting survey data. This includes the identification of architectural barriers which might limit active participation in congregational life. NICA, through networking, is working with local, state and regional interfaith groups to see that barriers are eliminated. NICA feels a greater degree of consciousness has been raised and a follow-up survey will probably be taken in 1982.	
X. Religious organizations must be aware of agencies and services, other than their own, which can provide a complete ministry to older persons. Other organizations designed for the benefit of older persons should develop as part of their services, channels to persons and agen-	Implemented	The establishment of the National Interfaith Coalition on Aging in 1972 created a new liaison between public and private systems for delivering services to the elderly. NICA continues its networking emphasis and constantly encourages communication between the private and public sectors involved in providing services to the aging. An Administration on	Establishmen of NICA and national survey done by NICA stimulated conferences.

Recommen	Present Status	Action Taken	Perceptions of What Facilitated Action
cies who can help with spiritual problems.		Aging Research and Demonstration Project, "A Survey of Aging Programs under Religious Auspices," provided the stimulus for numerous conferences and for the development of a directory of religious bodies concerned with the aging.	
XI.			
Religious bodies should exercise a strong advocacy role in meeting the needs of the elderly, working for programs both public and private, that contribute to the well-being of the elderly and protecting them from those who would victimize or demean them.	Implemented	The National Interfaith Coalition on Aging (NICA) has formed an Interfaith Legislative Screening Committee to counsel with Senate Special Committee on Aging and the House or Representatives. NICA assists national religious bodies to prepare public policy statements on the impact of broad social policy and legislation for the elderly at the federal state and local level. NICA encourages and assists church bodies to form local and area coalitions of religious and/or secular agencies, linked with NICA by affiliates or informational relationships.	Recommendations of 1971 White House Conference on Aging

Recommendation	Present Status	Action Taken	Perceptions of What Facilitated Action
XIV.			
Religious bodies and government should affirm the right to, and reverence for life and recognize the individual's right to die with dignity.	Partially Implemented	NICA and other religious bodies have conducted workshops on death and dying and bereavement. NICA collaborated with Notre Dame University on a National Conference on Death and Dying sponsored by the Institute on Religion and Aging. NICA is currently attempting to seek funds to develop materials for a model program for churches/synagogues to use in death education and ministry to the dying and bereaved.	Much nationwide interest in the subject of death and dying and right to life.
XV.			
A National Conference on Spiritual Well-Being should be held within the next two years and no later than five years to review and evaluate recommendations of the 1971 Conference.	Implemented	Sponsored a National Intradecade Conference on Spiritual Well-Being of the Elderly in April of 1977 in Atlanta, Georgia.	Recommendations of 1971 White House Conference on Aging.

APPENDIX
Item 4

DEFINITION: SPIRITUAL WELL-BEING IS THE AFFIRMATION OF LIFE IN A RELATIONSHIP WITH GOD, SELF, COMMUNITY AND ENVIRONMENT THAT NURTURES AND CELEBRATES WHOLENESS.

COMMENTARY:
Spiritual Well-being is the Affirmation of Life . . .

The *Spiritual* is not one dimension among many in life; rather it permeates and gives meaning to all life. The term Spiritual Well-Being therefore indicates wholeness in contrast to fragmentation and isolation. "Spiritual" connotes our dependence on the source of life, God the Creator.

What, then is Spiritual *Well-Being?* We cannot regard well-being as equated solely with physical, psychological, or social good health. Rather, it is an *affirmation of life*. It is to say "Yes" to life in spite of negative circumstances. This is not mere optimism which denies some of life's realities; rather, it is the acknowledgment of the destiny of life. In the light of that destiny it is the love of one's own life and of the lives of others, together with concern for one's community, society, and the whole of creation, which is the dynamic of Spiritual Well-Being.

A person's affirmation of life is rooted in participating in a community of faith. In such a community one grows to accept the past, to be aware and alive in the present, and to live in hope of fulfillment.

. . . A Relationship With God, Self, Community and Environment . . .

Affirmation of life occurs within the context of one's relationship with God, self, community, and environment. God is seen as "Supreme Being," "Creator" of life, the Source and Power that wills well-being. All people are called upon to respond to God in love and obedience. Realizing we are God's children, we grow toward wholeness as individuals, and we are led to affirm our kinship with others in the community of faith as well as the entire human family. Under God and as members of the community of faith, we are responsible for relating the resources of the environment to the well-being of all humanity.

. . . That Nurtures and Celebrates Wholeness

Human wholeness is never fully attained. Throughout life it is a possibility in process of becoming. In the Judeo-Christian tradition(s) life derives its significance through its relationship with God. This relationship awakens and nourishes the process of growth toward wholeness in self, crowns moments of life with meaning, and extols the spiritual fulfillment and unity of the person.

APPENDIX
Item 5

Position Papers and/or Statement on Aging by Religious Sector Organizations
Partial Listing

United Methodist Church

"A Call to United Methodists for a More Adequate Ministry With and For the Aged," 1978, 11 pp. The document is in three main parts: 1) the case for support of and concerns for the elderly; 2) facts, figures and attitudes on aging in the United States; 3) suggestions for ministry with the aging in the United Methodist Church by areas of responsibility throughout the denomination.

"Memoranda to Board of Global Ministries From Health and Welfare Ministries Division." A proposal to replace forced retirement systems with a flexible retirement system. 1979, 4 pp. Gives position and action of the United Methodist Church on forced retirement situation.

Lutheran Church in America

"A Proposed Social Statement on Aging." Prepared for the Ninth Biannual Convention of the Lutheran Church in America (July 12-19, 1978), 8 pp. Addresses the present prejudice and injustice against the aging, theological affirmations of the aged, and an agenda for action.

"Proposed Social Statement on Human Rights." Prepared by the Ninth Biannual Convention of the Lutheran Church in America. (July 12-19, 1978), 18 pp. Addresses the current world situation and states a theological understanding of human rights.

"Recommendations—Lutheran Church of America Convo on Aging." October, 1973. 5 pp. Recommendations focused on attitudes and self image, volunteers, minority concerns, advocacy for legislation, human services delivery, human sexuality, etc.

American Lutheran Church

"General Statement: Our Approach to Social Involvement." (Adopted by the American Lutheran Church at its Omaha Convention, 1968.) This item is not directed specifically to the aged. It does suggest avenues of supportive involvement and cooperative involvement.

Mennonites

"Memorandum: A Meeting Concerning Aging Ministries." (June 3, 1980). Lists services to be considered and gives the next steps to be taken. Discusses the emerging Mennonite Council on the Aging. Attachments include an Aging Ministries Report from a couple working in the field and a memo entitled, "General Conference Aging Ministry Report." 13 pp.

Southern Baptist Convention

"Report of the Southern Baptist Convention Study of the Problems of the Aging." (October 23-25, 1974.) 16 pp. Discussions of such subjects as mental health, physical health, equipping church leaders to minister, community resources, and continuing education for the aging. Gives suggestions to churches on how to minister to the aging.

United Presbyterian Church

"United Presbyterian Health, Education and Welfare Association Standards for Services to the Aging Working with Older Adults," Sept. 11, 1973. States the general policy of the Association, considers the role of the local church, policy-making for service, community based services for older persons, creative programs development, political participation, education, and physical facilities. Evaluates staff needs, financial policies, and services.

Catholic Bishops of the United States

"Society and the Aged: Toward Reconciliation—" A statement of the Catholic Bishops of the United States. May 5, 1976. Deals with who the aged are, human rights of the elderly, the right to life, decent income, a job, health care, sound nutrition, a decent home, equal treatment. Also considers the role of the church, especially in public policy advocacy.

Episcopal Society For Ministry to the Aging

"A Form for Diocesan Resolutions on Aging." 1 p. Deals with resolutions of the worth of the elderly and the church's position. Gives 5 ways the Diocesan departments can establish an active ministry in the area.

"ESMA, Inc." Shows services and activities, describes what ESMA is, gives annual membership news, lists authors and members of the Board of Directors.

"A Resolution Adopted." 66th General Convention of the Episcopal Church, Sept., 1979. "Celebration of Age in Action Week." Affirms the older members of congregations and requests that the presiding Bishop designate one Sunday in May to celebrate "Aging in Action."

Quakers

"The Aged in America: A Quaker Concern?" Margaret Bacon. Gives an overview of who the elderly are and suggests ways the Society of Friends could minister to them. Advocates better medical care for the members, group health insurance, building nursing homes, sponsorship of subsidized housing in the center city, and sponsorship of Late Start Centers.

United Church of Christ

"Aging." An action of the 11th General Synod of the United Church of Christ. Considers appropriate ministries of the church—continuing education, ministry to isolated elderly, and programs to combat negative images of aging. Discusses background of problems of the elderly.

Church of Jesus Christ of Latter Day Saints

"Report of the Task Force on Aging to the First Presidency." 1976 World Conference on ministry to the aging. Gives the background problems of aging in society and recommends specific ministries at the World Church level and all other levels of the church.

Unitarian Universalists

"Aging: the Role of the Church." The U.U. World article, April 1, 1975, by Dr. Dorothea Wilgoose, a member of the Committee on Aging. Gives an overview of the elderly and their problems. The Church is encouraged to be human resource specialists for the aged and the aging.

NOTE: The above documents are available through the indicated denominational offices or agencies and are on file with other like documents in the data bank of the National Interfaith Coalition on Aging, Inc. Athens, Georgia.

List provided by R. & D. Office National Interfaith Coalition on Aging, Inc.,

*U.S. GOVERNMENT PRINTING OFFICE: 1991--720-019/6893--1-3

The following Technical Committee Reports have been published:

Retirement Income
Health Maintenance and Health Promotion
Health Services
Social and Health Aspects of Long Term Care
Family, Social Services and Other Support Systems
The Physical and Social Environment and Quality of Life
Older Americans as A Growing National Resource
Employment
Creating an Age Integrated Society: Implications for Societal Institutions
Creating an Age Integrated Society: Implications for the Economy
Creating an Age Integrated Society: Implications for the Educational Systems
Creating an Age Integrated Society: Implications for Spiritual Well-Being
Creating an Age Integrated Society: Implications for the Family
Creating an Age Integrated Society: Implications for the Media
Creating an Age Integrated Society: Implications for Governmental Structures
Research in Aging

Experts from various fields were appointed by the Secretary of Health and Human Services to serve on 16 Technical Committees, each charged with developing issues and recommendations in a particular area for consideration as background material for the delegates to the 1981 White House Conference on Aging.

the 1981
White House
Conference
on
Aging

Executive Summary of Technical Committee on

CREATING AN AGE INTEGRATED SOCIETY: IMPLICATIONS FOR SPIRITUAL WELL-BEING

TCES-13

NOTE: The recommendations of this document are not recommendations of the 1981 White House Conference on Aging, or the Department of Health and Human Services. This document was prepared for the consideration of the Conference delegates. The delegates will develop their recommendations through the processes of their national meeting in late 1981.

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I. INTRODUCTION

Spiritual Well-being addresses the collective concerns of society which are both religious and secular in nature. The background and issues paper on Spiritual Well-being for the 1971 White House Conference on Aging stated that, "Spiritual Well-being pertains to inner resources, especially a person's ultimate concern, the basic value around which all other values are focused, the central philosophy of life—whether religious, anti-religious, or non-religious—which guides a person's conduct, the supernatural and non-material dimensions of human nature."

Since the days of the founding of our republic, religious leaders and institutions have played a central role in meeting the social welfare and other human needs of the American people, especially those of the elderly. Today religious leaders and agencies are in the forefront of movements that advocate support of income maintenance, health care, housing, social security, and appropriate social services for older adults, as well as other Americans.

Americans benefit from the network of agencies sponsored and operated by religious groups serving older persons in every city. Memberships in institutional religious bodies number in excess of 146,000,000 and constitute the largest group of community centers of caring and fellowship for older adults. Furthermore, churches and synagogues provide significant potential resources for voluntary involvement in healing, supportive, and educational services to older Americans. As communicators of moral and spiritual values, churches and synagogues uphold the dignity of life of older persons, as well as enhance the meaning of life, give strength to deal with stress and conflict, and offer unique resources to deal with the reality of dying and death.

The religious sector translates theological, ethical, and spiritual values into secular language and practice. This report deals with such values within the context of spiritual well-being from the perspective of institutional religion in America, acknowledging that though the religious community is predominately from mainstream Roman Catholic, Protestant, and Jewish bodies, many other religious bodies are a part of the picture in our pluralistic society.

II. MAJOR FINDINGS

Previous White House Conferences have enlisted vigorous support from persons concerned with the spiritual needs of older Americans. The resources and commitments of the religious sector have been evident. The creation of a volunteer Coalition of 31 religious bodies to respond to the 1971 White House Conference on Aging recommendations in the area of spiritual well-being and to the report as a whole has significantly impacted the field of aging in the past decade. This continuing exploration of the mission of the religious sector in the field of aging has extended to the surveying of 111 national denominational offices and more than 135 seminaries and schools of religious education.[2]

In 1975 this Coalition developed an interfaith definition of spiritual well-being: "Spiritual Well-being is the affirmation of life in a relationship with God, self, community, and environment that nurtures and celebrates wholeness."[3] Within this group of religious bodies, commitments to ministry both with and for the elderly have increased in the past decade and many have formulated position or policy statements.[4] Much of the policy reflected in these statements has resulted in the increase of gerontological training in religious sponsored schools, programs and services, plus greater cooperation with local and network aging efforts.

The focus of this discussion is narrowed in view of the charges to the other 15 technical committees. However, spiritual well-being is not a transient matter. We note therefore: (1) materials prepared for the spiritual well-being section of the 1971 White House Conference on Aging, (2) the subsequent responses by organizations within the religious community to those recommendations,[5] (3) the output in the 1977 National Intra-decade Conference on Spiritual Well-being of the Elderly, and (4) the report of the National Symposium on Spiritual and Ethical Value System Concerns in the 1981 WHCOA, a "mini-conference." The Symposium examined values from a secular-humanist as well as religionist perspective. Two points emerged: 1. spiritual well-being of the elderly is as important as their need for health care, housing, and other physical sustenance and, 2. spiritual, ethical, and moral principles are basic in developing just and effective national policy for citizens of all ages. The consensus of human worth emerging from differing ideological perspectives provides such a common base.

Other technical committees have within their charges issues tied to ethical, social and moral questions, especially quality of life, bio-medical issues, distribution of national resources for health care, income maintenance, and housing. Here, the concerns of the religious sector and those of secular ethicists find common ground. While a society based on a single religious view would violate constitutional freedom, in America's pluralism, society cannot function solely on secular ethics.

III. KEY ISSUES

Most of us would agree that America faces crucial decisions in regard to the status, contributions, and well-being of the aged. The technical committee's viewpoint is that factors that contribute to the well-being of the aging, which is vital to society, have dimensions which are spiritual and moral, as well as physical, political and financial. Just as the government's legislative, judicial, and executive branches function collectively, but with separation of powers, so our society must coordinate, stimulate, and facilitate the mediating structures of church, state, and private sectors as equal voices. This committee identified the following key conceptual issues and practical roles to be included in the development of a national policy for aging in America in this decade:

A. Wholistic Aging Policy and Spiritual Well-being

The creation of an age-integrated society implies integrity across the life continuum. It also implies a wholistic approach which is necessary if the individual or society in its collective parts are to experience unifying integrity and fulfillment.

No society neglecting, mistreating, or isolating any age group can long survive. Elements of expanding pluralism, changing demography, growing technology, and limited national resources can be deterimental to common good without national policy linked to constitutional values of human equality, liberty, and rights of life and the pursuit of happiness for all. Therefore, national policy in aging is properly stated in wholistic contemporary terms.

1. *Spiritual Well-being*—Spiritual well-being and religious experience are often sidlined as optional or peripheral. A wholistic view of the individual, on the other hand, sees him or her as functioning being, coordinating vitually the physical, emotional, intellectual, spiritual, and social dimensions of life as an inextricable totality. Change of one dimension affects the whole.

Neglect of one dimension diminishes all. Support of this view of the individual requires a resonant response from society to organize its functions, processes, services, and policies in support of wholeness.[6]

Spiritual well-being is well beyond the religious domain. Compartmentalization limits social attitudes. Neglect of the values underlying the spiritual needs and natures of individuals denegrates the spiritual to second-class status. The spiritual is not, however, exclusively religious, but pertains to intangible, non-material, supernatural characteristics, qualities, or needs, which all human beings possess. Thus, the 1971 White House Conference on Aging Background Paper on Spiritual Well-being concludes, "That all (persons) are 'spiritual' even if they have no use for religious institutions and practice no personal piety..."[7] National policy must therefore include all aspects of life experience, including the spiritual.

If we lack definition or clarity, or feel uncomfortable with the spiritual as part of the whole of life, we must all the more include it in our research and service goals to improve the total well-being of older persons. This approach requires that both secular and religious sector not speak of "wholeness," "integrated," and "total person" when the spiritual aspect of life is limited from consideration.

B. Religious Institutions as Architects of Societal Attitudes

Religious institutions form one of the largest groupings of American society; and, as advocates for the elderly, they are capable of bringing awesome pressure to bear on decision and policy-makers to produce creative change. On the other hand, as many concerned individuals and groups rightly point out, status quo often persists because chruch and synagogue do not live up to their own Judeo-Christian standards.[8] Life fulfillment is seriously curtailed in a culture where attitudes, policies and programs place restrictions on the aging person's opportunities for self-expression, improvement, and involvement.

The decades of the 1960s and 1970s have seen profound changes in the values and belief systems in our nation, especially as these relate to changing roles of women and men, family structures, attitudes toward the young and old, and changes in modes anf fashions of worship. These changes and those in our economy and lifestyles affect our values and attitudes and are reflected in national policy. One of the great challenges facing religious institutions is the reshaping of societal attitudes and the re-direction of social trends so critical to the achievement of an age-integrated society.

While few people today accept uncritically the teaching of religious institutions in regard to their behavior in everyday life, nevertheless, great potential lies with such institutions to significantly influence community thinking and behavior. Both lay and professional members of religious institutions need to become informed about the needs of the aging and of availability of resources to older people.

Done ecumenically, public and private sector partnership will produce the greatest effect. Local and regional counterparts of agencies such as the National Interfaith Coalition on Aging can work for better housing, recreation, social services, medical care, and especially for positive and supportive attitudes toward older members of the community. Religious institutions have demonstrated their effectiveness as advocates for the disabled, minorities, and refugees and can do the same for senior citizens. Such activities move policy towards wholistic well-being for all age groups.

As a proponent of the personal worth of the individual and the wholeness and fulfillment in each person's life, the religious sector can act as a unique catalyst in guiding society toward a more just and humane policy in aging.

C. Religious Institutions as Providers of Services

Religious institutions are mediating structures in American society. Particularly, local congregations provide a place of identity, belonging and refuge, support rights of the individual, and, at times, facilitate the individual's relationship to power structures. Such mediation ranges from advocacy on behalf of older people to services to assist in self-care or total care of the person, as needed.

Historically, both institutional and community-based services by and for older persons have been created and operated under religious auspices. Adult day care, senior centers, residential homes, nursing and health care centers, and a variety of personal support services of a "hands on" nature give substance to espoused concerns. With a growing number of vital older persons not in institutional care or in need of specific services, denominational programs logically extend the life-enrichment opportunity and involvement of older persons as volunteers in the service of others.

Just as important is the need to include older adults in the life, worship, and social activities of the congregation. While institutional services of a public or private nature tend to be more formal and structured, religious institutions are uniquely equipped to provide services of an informal nature through congregations to meet many of the needs of elders in the community.

1. *Family*—The local congregation should assist families and those who aid in caring for frail elderly at home. Traditionally, the family has been responsible for its older members, as well as for its children. A family setting is appropriate to accommodate the different periods of aging, although the norm of a four-generation family complicates matters. Today, however, as the older population increases, the structure and functions of families are changing as well. Mobility, smaller houses, employment of women and other changes make it more difficult to provide at home for the older family member's special needs. In many instances, religious institutions with which the family has been associated function as the best agency through which needed services may be provided for the elderly. Most congregations have trained clergy and lay leadership and increasing accessibility to community and professional services. In dignity and freedom, services rendered through local congregations can carry the overtones of advocacy, protection, and concern once provided in the family setting.

In a technological age, where productivity and family mobility accelerate, norms are not established for accompanying societal changes. In many cases old values are displaced in the wave of change, leaving ethical decisions and societal values to operate on expediency. Organized religious bodies can help preserve dignity in aging by mediating and supplementing programs established by every level of government. They may also properly influence national policy.

D. The Role of Religious Institutions in Meeting the Spiritual Needs of the Elderly

"The concerns and resources of communities of faith for their aging are as old as the communities themselves. Church and synagogue contribute directly to quality of life of the aging by fostering spiritual well-being..."[9] By definition, spiritual well-being moves beyond specific religious arenas to wholeness of the individual and the quality of life. The religious community provides a milieu in which concerns for the spiritual needs of older adults may be nurtured and enhanced. While spiritual well-being applies without regard to age, the vicissitudes of growing older provide unique opportunities for spiritual growth essential to wholeness in the individual.

Acknowledgement of the spiritual nature of persons can put trials and satisfactions of life into a sane perspective.

The spiritual cannot be separated from the physical but rather transcends and permeates life to give it its fullest meaning. Thus, spiritual well-being and spiritual values have a bearing on the total personality and total society. It is precisely at the point of acknowledgement of the total needs of older people that the religious sector may address the whole society, speaking effectively to the phenomenon of aging and aiding in the fulfillment of persons and the humanization of bureaucracy and technology. It is equally important that the religious sector, through its congregations and agencies, encourage the aging to continue giving to society from the wealth of their experiences and to remain active participants in community life.

However religious bodies define their own spiritual and theological mission, older persons must receive such ministry in terms of their own faith. Whether through sacraments, scriptures, worship or other familiar means of grace, churches and synagogues have a responsibility for outreach, inclusion and spiritual succor to older congregants.

IV. RECOMMENDATIONS

Movement toward an age-integrated society requires major change in the thinking and attitudes of all groups and professions. The success of such a future society will require the acceptance of a more wholistic philosophy of life-span development and planning and lifelong learning appropriate to every stage of life. Basic and continuing gerontological education for all professions and service domains concerned with older people must include explicit recognition of spiritual and ethical concerns of aging.

When human values and social ethics are considered, the traditional roots of those values cannot be lightly considered. Historically, the constitutional formulae reflect the transcendent nature of the faiths who sought separation of church and state as protection *of* not *from* cherished values and spiritual principles. These formulae, in themselves, recognize the power and place of religious faith and practice to the individual and in the liberty and well-being of the nation. In this spirit, we propose the following:

Recommendation 1: We call on both "church" and "state" at all levels, to discover and develop policy which, in keeping with traditional, constitutional principles, promotes the highest cooperation, interaction, and partnership to:

a. provide education for aging;
b. deliver adequate services; and
c. consider the wholistic needs of each individual throughout the life span.

Recommendation 2: We urge religious institutions to examine the work of their boards and agencies, as well as the entire range of their programs, to assure that:

a. standards conform to traditions revering long life and dignity;
b. activities promote the worth of persons and enable their continued life-long growth; and
c. professionals foster attitudes which prevent "ageism", "gerontophobia", and "dependency".

Recommendation 3: We urge upon all levels and agencies of government the inclusion of religious sector instrumentalities as appropriate agencies through which publicly funded programs for the elderly may be administered.

Recommendation 4: We call upon religious, secular, public, and private educational institutions to:

a. adopt the view that the older person is a whole person, having spiritual, as well as physical and psychological needs, and
b. include in education/training programs skills for addressing spiritual needs and care of the elderly as a means of coping with all aspects of aging, including dying and death.

Recommendation 5: We call upon both secular and religious service providers to

develop and provide services which, in style and substance, acknowledge and meet the wholistic needs of the older person (physical, mental, economic, psychological, *and* spiritual).

Recommendation 6: National policy should recognize that spiritual care meets a legitimate human need and is, therefore, a reimbursable service, when included as a component part of institutional or community-based intensive services, such as those in hospitals, nursing homes, hospice, clinical pastoral counseling and care services, home health or mental health clinics.

V. REFERENCES

1. D.O. Moberg, *Spiritual Well-being:* Background and Issues of the Technical Committee on Spiritual Well-being, 1971 White House Conference on Aging (Washington, U.S. Government Printing Office, 1971), p. 3.

2. T.C. Cook, Jr. *The Religious Sector Explores its Mission in Aging,* (National Interfaith Coalition on Aging, Inc., 1976, pp. 51-58.

3. "Spiritual Well-being: A Definition," (National Interfaith Coalition on Aging, Inc., 1975). (One page definition and commentary)

4. T.C. Cook, Jr. *The Religious Sector Explores Its Mission In Aging,* pp. 28, 38.

5. "Response Statements to Spiritual Well-being Recommendations of the 1971 White House Conference on Aging," (National Interfaith Coalition on Aging, Inc., 1976), pp. A35-A70 in *The Religious Sector Explores Its Mission in Aging.*

6. "National Symposium on Spiritual and Ethical Value System Concerns in the 1981 WHCOA." Final Report, (National Interfaith Coalition on Aging, Inc., February, 1981), p. 1.

7. D.O. Moberg, *Spiritual Well-being,* 1971, p. 3.

8. Gray Panthers Testimony, "Hearing on American Values in National Policy, National Symposium on Spiritual and Ethical Value System Concerns in the 1981 WHCOA," (National Interfaith Coalition on Aging, Inc., October, 1980).

9. "A Statement of Philosophy and Purpose," (National Interfaith Coalition on Aging, Inc., 1980).

The following Technical Committee Summaries have been published:

Retirement Income
Health Maintenance and Health Promotion
Health Services
Social and Health Aspects of Long Term Care
Family, Social Services and Other Support Systems
The Physical and Social Environment and Quality of Life
Older Americans as A Growing National Resource
Employment
Creating an Age Integrated Society: Implications for Societal Institutions
Creating an Age Integrated Society: Implications for the Economy
Creating an Age Integrated Society: Implications for the Educational Systems
Creating an Age Integrated Society: Implications for Spiritual Well-Being
Creating an Age Integrated Society: Implications for the Family
Creating an Age Integrated Society: Implications for the Media
Creating an Age Integrated Society: Implications for Governmental Structures
Research in Aging

Experts from various fields were appointed by the Secretary of Health and Human Services to serve on 16 Technical Committees, each charged with developing issues and recommendations in a particular area for consideration as background material for the delegates to the 1981 White House Conference on Aging.